AB0830-HPR Feelings of competence and relatedness during physical activity are related to well-being in rheumatoid arthritis patients

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AB0827-HPR ALEXITHYMIA PHENOMENON IN SYSTEMIC SCLEROSIS PATIENTS

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Objectives: Our aim was to study the phenomenon of alexithymia – a special mental quality of psychosomatic personality in systemic sclerosis patients.
Methods: We observed 54 patients suffering from systemic sclerosis (SS) using Toronto Alexithymia Scale (TAS). The majority of patients were women (94, 4%) of 45, 59 ± 1, 65 years in average. Average duration of the disease was 4, 42 ± 0, 44 years. 1st degree of SS activity has been diagnosed in 12 (22, 2%) patients, 2nd degree - in 37 (68, 5%) and 3rd degree - in 5 (9, 3%) patients. The chronic clinical course of the disease was observed in 16 (29, 6%) patients, subacute course of the disease - in 35 (64, 8%) and acute course - in 3 (5, 5%) patients.
Results: The data we obtained shows evidence of high level of alexithymia in SS patients (77,35 ± 1,8 test scores). Besides the results of our research, alexithymia was seen to play a certain role in the pathogenesis of psychosomatic disturbances in SS. Alexithymia doesn›t depend on gender and age of patients. The clinical course and activity of the disease on the one hand, reliably has a negative correlation between alexithymia expression and educational level of patients (r=-0,37 at p=0,028). Internality in the relation to disease (r=-0,64 at p=0,031), was also reliably in a direct correlation with "Jet formations" mechanism of psychological defense (r=0,58 at p=0,023) which was revealed on the other hand.
Conclusions: Thus, there are certain correlations between alexithymia development and some clinical and psychological characteristics of SS patients. Understanding the correlations is important in order to organize preventive psychological interventions with the purpose to correct alexithymic traits.
Disclosure of Interest: None Declared

AB0828-HPR PSYCHOLOGICAL AND SEXUAL DISORDERS IN PATIENTS WITH RHEUMATOID ARTHRITIS AND CORRELATION WITH DISEASE ACTIVITY

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Background: Emotional stability and sexual life are important dimensions of personality, therefore any involvement in these areas should be considered as important. Psychological and sexual disorders in rheumatoid arthritis (RA) are poorly described in literature.
Objectives: The aim of this study was to describe psychological and sexual disturbances using CIE-10 and DSM-IV in patiens with RA and a possible correlation with disease activity.
Methods: A descriptive study was performed in a specialized clinic dedicated to care patients with RA. 311 RA patients were included in the study, which were seen by the area of psychology, which information was collected through semi-structured interviews and non-probability sampling, also using classificatory criteria of pathologies described in two diagnostic manuals: DSM IV and CIE 10, applying descriptive epidemiology for continuous variables, measure of central tendency and dispersion for qualitative and categorical variables through percentages and averages; also Kruskall-Wallis`s statistics for bivariated analysis.
Results: Total sample of patients was 311, 262 (84.2%) were women and 49 (15.8%) were men. Patients had a DAS28-3.41 ± 0.94 in average, a HAQ-0.41 ± 0.48, a medium age 58.1 ± 10.3 y/o; Using CIE-10 were found: 43.7% of patients had mixed disorder/disorder of mood in relation to disease (depressiveepisodeunspecified, depression and or anxiety), 19.2% had somatomorphic disorder, 4.2% unspecified disorder of eating behavior, 9.0% diagnosed sleep disorder and 18.6% no report disorders previously. It was not established correlation between type of psychological disorder and disease activity. Regarding sexual disorders were found: 47.5% reported no sexual activity, while 52.5% report sexual activity. Of these, 10.2% reported satisfactory sexual activity, 8.2 reported unspecified unsatisfactory sexual activity, 9.6% reported lack of sexual desire, 17.6% reported dyspareunia, 3.2% premature ejaculation, 3.5% orgasmic dysfunction. It was not established a correlation between level of sexual activity and disease activity using DAS28.
Conclusions: According to these findings men and women have many psychological disorders in relation to RA; in both there is a prevalence of depressiveepisodeunspecified and depression/anxiety. On the other hand men and women have a high percentage of sexual disturbances in relation to RA.
Disclosure of Interest: None Declared

AB0829-HPR INFLUENCE OF RA PATIENT PERSONALITY FOR MORE AGGRESSIVE THERAPIES

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Background: Actually, patients with rheumatoid arthritis (RA) play a more active role in relation to his illness, and the choice of treatment. The patient's personality can be an important part in this process. Few studies associate medical characteristics of the patient with prognosis and treatment. However, for the evaluation of RA using self-administered questionnaires (eg HAQ) or the patient's own assessment (DAS28), which are being influenced by patient characteristics such as personality.
Objectives: To evaluate the influence of personality factors in the type of treatment that patients receive.
Methods: Multicenter study of a cohort of patients with RA, with a crossover design. We selected patients diagnosed RA of recent onset in two hospitals, with a maximum follow-up of 18 months. All patients who consented completed a form that included general sociodemographic variables, the Eysenck Personality Questionnaire (EPQ-A), Locus of Control Health-related questionnaire (MHLC), and Beliefs and Self-statements about Pain questionnaire (PRCS / PRSS). Also collected measures of disease activity (DAS28 and CRP in the first year after diagnosis). Aggressive treatment was considered to have received more than two DMARDs, or Biological, during follow up. A descriptive analysis of the variables associated with more aggressive treatment and a logistic regression analysis to determine personality variables associated with treatment, adjusting for sociodemographic and clinical characteristics were performed.
Results: A total of 176 RA patients were included in the study. 80% of the sample was women. The mean age was 55.7 ± 13.2 years. The 48.8% of the sample received aggressive treatment. The 50.89% of patients had high scores on extraversion, and 28.7% scored high in neuroticism. We do not found significant differences in age and sex related to aggressive treatment. We performed a multivariate logistic regression analysis, finding that the personality trait of neuroticism is the only predictor of receiving more aggressive treatment (p = 0.01, OR = 0.34).
Conclusions: Patients with high scores on neuroticism are more worried, anxious and / or depressed, affecting their assessment of the disease and may influence the increased demand for therapeutic resources.
Disclosure of Interest: None Declared

AB0830-HPR FEELINGS OF COMPETENCE AND RELATEDNESS DURING PHYSICAL ACTIVITY ARE RELATED TO WELL-BEING IN RHEUMATOID ARTHRITIS PATIENTS: PRELIMINARY FINDINGS FROM A RANDOMIZED CONTROL TRIAL

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Background: Rheumatoid arthritis (RA) is a chronic inflammatory disease that causes joint pain, swelling and stiffness with eventual structural damage leading to physical dysfunction. Consequently, people with RA tend to experience fatigue and psychological distress. As proposed by Self-determination Theory (SDT), feelings of ownership, competence and relatedness (basic human psychological needs) during physical activity (PA) are predicted to alleviate such disease-related symptoms and improve psychological well-being in RA patients.
Objectives: To examine whether a Self-determination Theory-based intervention fosters basic need satisfaction. In addition, to examine the relationships between need satisfaction and indicators of psychological well-being and disease related symptoms (i.e., fatigue, depression and subjective vitality) in patients with RA following a 3 month exercise programme.
Methods: A RCT compared two 3 month exercise programmes. The control arm participants received a standard exercise referral programme. Patients in the experimental arm received an additional psychological intervention that aimed to foster basic need satisfaction through contacts with a SDT trained PA advisor. Participants completed the following validated measures at the end of the 3 month exercise programme; Psychological Need Satisfaction in Exercise Scale, Multidimensional Assessment of Fatigue Scale, Hospital Anxiety and Depressions Scales, and Subjective Vitality Scale.
Results: Preliminary analyses (N = 41 patients; Mage = 55.4 yrs) indicated that the intervention arm patients (N = 22) reported significantly greater competence need satisfaction [F (1,39) = 6.9, p = .01] than the control arm. Differences between arms for autonomy [F (1,39) = 3.63, p = .06] and relatedness [F (1,39) = .88, p = .36] favoured the intervention. Pearson correlation coefficients from all data revealed feelings of competence and relatedness after the exercise programme were significantly and negatively related to depressive symptoms (r = -.43, p = .006 and r = -.39, p = .02 respectively). Competence also demonstrated a significant positive relationship with subjective vitality (r = .42, p = .01) and a negative relationship with fatigue (r = -.49, p = .002) at the end of the 3 month exercise programme.

Conclusions: Results suggest that a SDT-grounded PA intervention promotes need satisfaction during exercise. In addition, need satisfaction is associated with reductions in fatigue and enhancements in psychological well-being in patients with RA. Subsequent work will examine follow-up effects at 6 and 12 months.
Disclosure of Interest: None Declared

AB0831-HPR PILGRIMAGE AND SOCIAL SUFFERING IN MEXICAN PATIENTS WITH FIBROMYALGIA: QUALITATIVE STUDY

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Background: Fibromyalgia is a chronic functional syndrome of unknown etiology, characterized by pain, stiffness, fatigue and stress that affect everyday life. The approaches to understanding social and cultural aspects of this illness, have been developed in some first world countries, mostly under qualitative methodological criteria, but lacking theoretical analysis. Medical Anthropology allowed exploring the sociocultural context of the disease in order to describe and analyze the beliefs about expressing getting fibromyalgia of patients and the rheumatologist.
Objectives: To identify themes in the lived experience of patients with fibromyalgia related with pilgrimage, medical-patients relationship and suffering.
Methods: Qualitative research focus on medical anthropology.
Setting: Public Hospital and private practice.
Methodology: Ethnographic method, with observations and depth-interviews. Interviews were recorded and transcribed verbatim. The transcripts were analyzed using an ethnographic approach and social suffering theory (1).
Results: 3 men and 5 women, patients and 4 rheumatologists were interviewed. The age range was 34 to 74 years. The analysis revealed 13 theme sharing between patients and rheumatologist: beliefs about the causes, pain, body, delegitimization, diagnosis, alternative treatments, medical treatments, psychological treatment, and idea about healing, progression of symptoms, doctor-patient relationship, social consequences and social suffering.
Stigmatization in the absence of diagnosis and after of getting it, the idea of not healing, psychological aspects involved and family dynamics in which discrimination is recreated, make the experience of getting fibromyalgia a model of social suffering, embodied in the personal and social experience of live with fibromyalgia.
Conclusions: The long therapeutic journey into the pilgrimage (2) determines the chronicity and with it the stigma lived by patients, especially in a public hospital. The doctor-patient relation is characterized by social rejection and by the failure of commonly established roles.
References: 1.- Kleinman, A et al. (ed). (1997). Social Suffering. USA: University of California.
2.- Pelaez-Ballestas, I., et al. (2006). Illness trajectories in Mexican children with juvenile idiopathic arthritis and their parents. Rheumatology, Nov 45(11),1399-403
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Physiotherapy

AB0832-HPR RESISTANCE EXERCISE TRAINING FOR WOMEN WITH FIBROMYALGIA

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Background: Studies show that women with fibromyalgia (FM) are less physically active, have lowered physical capacity and experience limitations in daily activities compared to healthy women. Many patients with FM experience exercise-related pain. This often results in reduced confidence in the ability to be physically active. Currently, we have little knowledge of the effects of specific physiotherapy treatments on fibromyalgia symptoms.It is important to identify safe and effective treatments for these patients. For optimal individualized treatment different training options are needed. Low intensity exercise has shown to be a safe mode of exercise not increasing pain. However, only a few studies have investigated the effect of resistance exercise training in patients with FM.
Objectives: The aim of this study is to investigate the effect of progressive resistance exercise training compared to relaxation exercise training on physical capacity, pain, experience of physical activity and exercise self-efficacy.
Methods: A randomized controlled multicenter trial comparing the effects of resistance exercise training and relaxation exercise training. Both interventions are conducted twice a week for 15 weeks. Participants are examined at baseline and after 15 weeks intervention with a battery of questionnaires and functional tests of physical capacity. A total of 120 women will be recruited to the study. Outcomes are analysed according to intent-to-treat design,implying that all patients are invited to post-test and examined accordingly. Data collection is not yet completed at all centres.
Results: A total of 88 women have so far been recruited, and 69 of them have completed the intervention, resistance exercise training (n=37) or relaxation exercise training (n=32). The mean age of the study population was 51 years (SD 9.5). The mean duration of symptoms was 7.5 years (SD 5.8). The mean number of tender points was 16 (SD 1.7) and the mean pain at baseline (FIQ pain) was 64.2 (SD 19.7). There were no significant differences in baseline characteristics between the two groups. Significant improvement was found in the resistance exercise training group compared to the relaxation exercise training group regarding physical capacity as measured by Six-Minute Walk Test (p=0.032) and isometric quadriceps force (Steve Strong)(p<0.05). Significant differences in favour of the resistance exercise training group were also found regarding experience of physical activity measured by Experience of Physical Activity-questionnaire subscale Activity Habits (p<0.001) and Exercise Self Efficacy Scale (p=0.025). No significant between-group differences were found regarding global pain measured by Visual Analogue Scale.
Conclusions: The resistance exercise training significantly improved physical capacity, activity habits and exercise self efficacy. The participants were able to exercise at high loads without increased pain. This shows that individually adjusted, progressively increased resistance exercise training is a feasible mode of exercise for women with FM.
Disclosure of Interest: None Declared

AB0833-HPR HEALTH-RELATED PHYSICAL FITNESS TESTING IN PHYSIOTHERAPY PRACTICE – RELIABILITY AND FEASIBILITY

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Background: People with musculoskeletal conditions (MSCs) tend to be less physically active[1] and more deconditioned than healthy controls[2;3]. Thus, physiotherapists seeing patients with MSCs should include an individually tailored exercise program in the treatment plan. According to current recommendations, these exercise programs should focus on health-related physical fitness[4]. For measuring patients' physical fitness, reliable and feasible instruments are needed.
Objectives: To examine reliability and feasibility of frequently used patient-reported and performance-based instruments for measuring health-related physical fitness in patients with a variety of MSCs.
Methods: In a test-retest study, 81 patients were tested twice one week apart. Patients conducted five performance-based tests (the 6 min walk test (6MWT), the stair test (ST), the handgrip test, the 30 sec sit-to-stand test (30sSTS) and the modified fingertip-to-floor test (FTF)) and answered two questionnaires (the Self-assessed physical fitness questionnaire and the COOP/WONCA Charts). Reliability and measurement error was calculated with $ICC_{2,1}$ or weighted kappa and Standard Error of Measurement (SEM) and Smallest Detectable Change (SDC). $ICC_{2,1}$ and weighted kappa values of <0.70 were considered acceptable.
Results: All performance-based tests and the Self-assessed physical fitness questionnaire and three of six charts in the COOP/WONCA Charts showed acceptable reliability. $SDC_{90\%}$ was calculated to 49 meters, 8 sec and 4 kg for the 6MWT, the ST and the handgrip test, respectively. Correspondingly, 4 sit-to-stands and 9 cm fingertip-to-floor distance was shown for the 30sSTS and the FTF test. Changes of two points were needed to detect changes beyond measurement error in the Self-assessed physical fitness questionnaire. The 6MWT was the most time consuming, with all other instruments each taking less than 3 min to complete. About 40% needed assistance in answering the COOP/WONCA Charts, while the corresponding value for the Physical Fitness Quetionnaire was about 20%.
Conclusions: All instruments seem feasible for use in patients with MSCs. The 6MWT, the ST, the handgrip test and the Self-assessed physical fitness questionnaire can be recommended as reliable instruments with acceptable measurement error, while the 30sSTS test and the modified FTF test showed high variability for use in assessing change in health-related physical fitness. The COOP/WONCA Chart might be more suitable for screening purposes.
References: (1)Farr et al. Physical activity levels in patients with early knee osteoarthritis measured by accelerometry. *Arthritis Rheum* 2008; 59(9):1229-1236.
(2)Ryan et al. Individuals with chronic low back pain have a lower level, and an altered pattern, of physical activity compared with matched controls: an observational study. *Aust J Physiother* 2009; 55(1):53-58.
(3)Hodselmans et al. Nonspecific chronic low back pain patients are deconditioned and have an increased body fat percentage. *Int J Rehabil Res* 2010; 33(3):268-270.
(4)Nelson et al. Physical activity and public health in older adults: recommendation from the American College of Sports Medicine and the American Heart Association. *Med Sci Sports Exerc* 2007; 39(8):1435-1445.
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Notes